

No. 2
1-10-39
-17-39
X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26070

State File No. _____

Registration District No. 731

Primary Registration District No. 3034

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Randolph 2

(b) City or town Moberly

(c) Name of hospital or institution: Franklin Ave
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Lutie M Hear 1000

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1940 hour 4:40 minute _____ P. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 29th 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 24, 1939 to July 25, 1940
that I last saw her alive on July 5, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 38 Months 7 Days 6 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of uterus

Due to _____

Due to _____

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Edgar C. Brooks 9

13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name no data

15. Birthplace _____
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Eugene S. Leav (Leav)

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof July 7th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Mo

18. (a) Signature of funeral director Mahon Anderson

(b) Address Moberly Mo

19. (a) July 7-1940 (b) Leav, Eugene
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(2) Means of injury _____

23. Signature Paul Cedaris (M. D. or other) 1 mo

Address Moberly Mo Date signed 7/6/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 1C
District File Number 8-40-1569
Date Filed AUG 8 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank D. Witt
Licensed Embalmer No. 5021
P. O. Address Moberly, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.